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CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

License #: **879**

ALPINE RESTAURANT GROUP INC
PIZZERIA POSTO
187 ELM ST
SOMERVILLE, MA 02144

Fee: **150.00**
Account ID: **237**
Reference #: **879**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	**CHANGES:** (Note below or explain on a separate sheet)
Business/DBA Name: For **PIZZERIA POSTO** Business Location: **187 ELM ST** Business Phone: **617-625-0600**	
License Holder: **ALPINE RESTAURANT GROUP INC** **PIZZERIA POSTO** **187 ELM ST** **SOMERVILLE, MA 02144** **617-625-0600**	
Mailing Address: **ALPINE RESTAURANT GROUP INC** **187 ELM ST** **SOMERVILLE, MA 02144**	
Business Type: **CORPORATION (INC. LLC)** **PRESIDENT - JOSEPH CASSINELLI** **SECRETARY - JOSEPH CASSINELLI**	
FID: **270628136**	
Food Manager/Emergency Contact: **JOSEPH CASSINELLI** **508-479-9361**	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **MO-SU 5-10PM SEATS/9PM GOODS**

20 SEATS
10 TABLES

Description of Location and/or Other Conditions:

2012 NOV 30 P 12:09
CITY CLERK'S OFFICE
SOMERVILLE, MA

I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the BOARD OF ALDERMEN.
-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: [signature] Date 11/29/12

Print Name: Joseph Cassinelli Phone 508-479-9361

IMPORTANT

It's time to renew your Outdoor Seating and Goods license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. <u>Return all 4 pages with your fee</u> and with evidence that 1) your $5,000 Licenses and Permits Bond remains in effect, OR 2) your business liability insurance lists the City as an Additional Insured. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: Pizzeria Posto

Somerville Address and Zip Code: 187 Elm St 02144

Phone Number of the Business: 617-625-0600

The Legal Name of the License Holder: Alpine Restaurant Group Inc.

Street Address of the License Holder: 187 Elm St

City, State and Zip Code of the License Holder: Somerville Ma 02144

Phone Number of the License Holder: 617-625-0600

Where We Should Send Mail: Name: Posto

Street Address: 187 Elm St

City, State and Zip Code: Somerville Ma 02144

Federal ID # (Do Not Give a Social Security #): 27-0628136

Emergency Contact and his/her Phone Number: Joe Cassinelli 508-479-9361

Type of Business (Check Only One and Print the Names Indicated):

___ Sole Proprietor: Name of Owner: ___

___ Partnership (inc. LLP): Name of Partnership: ___

Names of All Partners Who Own More Than 10%: ___

___ Trust: Name of Trust: ___

Names of All Trustees Who Own More Than 10%: ___

✓ Corporation: Name of Corporation: Alpine Restaurant Group Inc.

Name of President: Joseph Cassinelli

Name of Secretary: Joseph Cassinelli Name of Treasurer: Joseph Cassinelli

___ LLC: Name of LLC: ___

Names of All Managers: ___

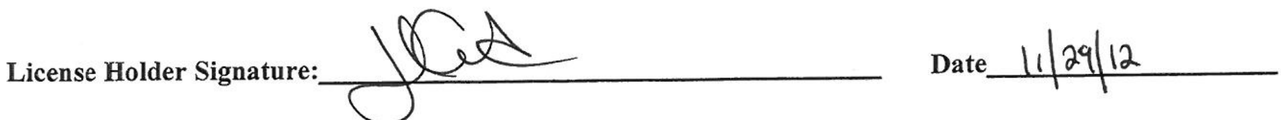
___ Other (Attach a Description of the Form of Ownership and the Names of the Owners)

ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the Somerville Licensing Commission.

-I have filed all State tax returns and paid all State taxes required by law for this business.



License Holder Signature: ___ **Date** 11/29/12

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Pizzeria Posto

Address of taxpayer/applicant's business in Somerville: 187 Elm St

Address of taxpayer/applicant's home in Somerville: 100 Vernon St #3

Taxpayer/applicant's phone: day: 508-479-9361 evening: " "

I, (print name) Joseph Cassinelli, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 29 day of November, 20 12. [signature] (Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: ____________ **INCLUDES RELEVANT POSTINGS THROUGH:** ____________

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: ___

4933 # 31304001 # 1 440 # ________

NOTES:

CLERK'S INITIALS: a **ORIGINAL STAMP:**

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Alpine Restaurant Group Inc

Address: 187 Elm St

City: Somerville State: Ma Zip: 02144 Phone #: 617-625-0600

- [x] I am an employer with 45 employees (full and/or part time).
- [ ] I am a sole proprietor or partnership and have no employees.
- [ ] We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- [ ] We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- [ ] Retail
- [x] Restaurant/Bar/Eating Establishment
- [ ] Office and/or Sales (real estate, auto, etc.)
- [ ] Nonprofit
- [ ] Entertainment
- [ ] Manufacturing
- [ ] Health Care
- [ ] Other______

Workers' compensation insurance information (if applicable):

Insurance Company Name: Ma Retail Merchants WC Group Inc.

Address: PO Box 859222-9222

City: Braintree State: Ma Zip: 01285 Phone #: 800-211-4217

Policy #: 0140050329301 12 Expiration Date: 1/1/13

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of $100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [signature] Date: 11/29/12

Print Name: Joseph Cassinelli

Official use only. Do not write in this area. To be completed by city or town official.

*City or Town:*______ *Permit/License #:*______

- [ ] *Board of Health*
- [ ] *Building Department*
- [ ] *City/Town Clerk*
- [ ] *Licensing Board*
- [ ] *Selectmen's Office*
- [ ] *Other*______

*Contact Person:*______ *Phone #:*______

(revised Jan. 2008)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/06/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: (617) 456-7800 Fax: (617) 456-7815
ASSOCIATION BENEFITS INSURANCE AGENCY, INC.
LYNNFIELD WOODS OFFICE PARK
210 BROADWAY, SUITE 201
LYNNFIELD MA 01940
Agency Lic#: 1782907

CONTACT NAME: Jennifer McNeil
PHONE (A/C, No, Ext): (617) 456-7800 FAX (A/C, No): (617) 456-7815
E-MAIL ADDRESS: jmcneil@abiagency.net
PRODUCER CUSTOMER ID: 3454

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Massachusetts Retail Merchants Workers Compensation Group	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ALPINE RESTAURANT GROUP, INC.
Painted Burro
219 ELM STREET
SOMERVILLE MA 02144

COVERAGES **CERTIFICATE NUMBER:** 6383 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurence)	$
	CLAIMS-MADE / OCCUR						MED. EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	POLICY / PRO-JECT / LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	HIRED AUTOS							$
	NON-OWNED AUTOS							$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DEDUCTIBLE							$
	RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			0140050329301-12	01/01/12	01/01/13	X WC STATU-TORY LIMITS / OTH-ER	$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$ 100,000
							E.L. DISEASE-POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CITY OF SOMERVILLE
83 HIGHLAND AVENUE
SOMERVILLE, MA 02143

Attention:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Frank M. Venuto

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